



Washington  
Conservation  
Corps

# WCC Application

The Washington Conservation Corps (WCC) is a conservation, service and training program for 18 – 25 year olds. The WCC provides an opportunity for young adults to show their ability to work while helping to conserve the state's natural resources. The WCC also provides training and educational opportunities in which corpsmembers participate.

Name: \_\_\_\_\_

Social Security No: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No: (\_\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthdate: (MO/DAY/YR) \_\_\_\_\_

Are you a current resident of Washington State?

☐

Yes

☐

No

Are you legally entitled to work in the United States?

☐

Yes

☐

No

*(Proof of citizenship, visa or alien registration will be required upon enrollment.)*

Have you ever been convicted of a misdemeanor or felony within the last seven years which might unfavorably affect your fitness for this job?

☐

Yes

☐

No

Are you currently employed?

☐

Yes

☐

No

How many hours per week? \_\_\_\_\_

If yes, Please explain the type of work you have been doing: \_\_\_\_\_

## Affirmative Action Information

In order to ensure equal employment opportunities, the State of Washington, as part of its Affirmative Action Program, requests your voluntary cooperation by indicating the following. Your answers will be treated as confidential.

Race/Ethnic Origin: \_\_\_\_\_

Sex:

☐

Female

☐

Male

Do you have a physical, sensory, or mental condition that substantially limits any of your major life functions, such as working, caring for yourself, walking, doing things with your hands, seeing, hearing, speaking, learning?

☐

Yes

☐

No

If yes, please explain your limitations: \_\_\_\_\_

## EDUCATION

High School Graduate or General Education Development (GED) Test passed?

☐

Yes

☐

No

Date: \_\_\_\_\_

If no, circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

Post High School Training

*(College, Business or Technical School, Military, etc. Please include major subjects taken.)*

\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

**(over)**

## WORK HISTORY

(Please indicate your most recent job first)

Employer		Start and End Dates From: _____ To: _____	Hrs Per Week	Last Wage
Title	Phone Number	Reason for Leaving		

Specific Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer		Start and End Dates From: _____ To: _____	Hrs Per Week	Last Wage
Title	Phone Number	Reason for Leaving		

Specific Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer		Start and End Dates From: _____ To: _____	Hrs Per Week	Last Wage
Title	Phone Number	Reason for Leaving		

Specific Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please read the following statement and sign below:

I certify that all information I have given is true and correct to the best of my knowledge. I understand that incorrect statements constitutes grounds for immediate dismissal from the Washington Conservation Corps. You have my permission to submit the information on this and any attached forms to any Washington Conservation Corps program official or agency who is considering me for a position.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The WCC/Ecology are Equal Opportunity employers and shall not discriminate on the basis of race, creed, color, national origin, sex, marital status, sexual orientation, age, religion or disability as defined by applicable state and/ or federal laws.*

Send Application to the following address:

Department of Ecology  
Washington Conservation Corps  
Post Office Box 47600  
Olympia, WA 98504-7600